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February 7, 2019

The Hon. Jocelyn Boyd Chief Clerk Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29211

Re:

BellSouth Telecommunications, LLC d/b/a AT&T South Carolina's Annual

Lifeline ETC Certification Filing (Form 555)

Docket No. 2014-43-C

Dear Ms. Boyd:

We are providing the following information in compliance with FCC requirements.¹ No Commission action is required.

BellSouth Telecommunications LLC d/b/a/ AT&T South Carolina recently submitted the attached Form 555 to the Federal Communications Commission and the Universal Service Administrative Committee.

By copy of this letter, I am providing a copy of this document to the Office of Regulatory Staff (which is the only person or entity on the service list for this docket on the Commission's website).

Sincerely,

Patrick W. Turner

PWT/sh Enclosures

cc: Jeffrey M. Nelson (via email jnelson@regstaff.sc.gov)

See Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 11-42, 27 F.C.C.R. 6656 (Rel. Feb. 6, 2012), Erratum Released May 16, 2012.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

| 245194 | | 143004824 |
|---|--|--|
| Study Area Code (SAC An Eligible Telecommunical | • | Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service). |
| 2018 | SC | BellSouth Telecommunications LLC |
| Recertification Year | State | ETC Name |
| | | |
| N/A DBA, Marketing, or Ot (If same as ETC name, list "No | | AT&T Inc. Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) |
| DBA, Marketing, or Ot (If same as ETC name, list "N. | /A" Do <u>not</u> leave blank) | Holding Company Name |
| DBA, Marketing, or Ot (If same as ETC name, list "N. | | Holding Company Name |
| DBA, Marketing, or Ot (If same as ETC name, list "No see the reporting companies a list of all ETCs that are rained in accordance with St | A" Do not leave blank) In have affiliated ETCs? In affiliated with the reporting ETC, a section 3(2) of the Communications A | Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) |

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P | Q |
|-------------------|---------------------------------------|
| Month | Subscribers De-Enrolled for Non-Usage |
| January | 0 |
| February | 0 |
| March | 0 |
| April | 0 |
| May | 0 |
| June | 0 |
| July | 0 |
| August | 0 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |
| Total Subscribers | 0 |

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

| 70 | AL | |
|---------|----|--|
| Initial | AL | |
| Initial | | |

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

| Initial AL |
|------------|
|------------|

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

| | Jan | Feb | Mar | Арг | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| Α. | 104 | 70 | 13 | 48 | 5 | 7 | 9 | 3 | 8 | 8 | 11 | 19 | 305 |
| B. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. | 104 | 70 | 13 | 48 | 5 | 7 | 9 | 3 | 8 | 88 | 11 | 19 | 305 |

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| D. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recentification of eligibility

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| F. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| G. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| H. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| l. | 104 | 70 | 13 | 48 | 5 | 7 | 9 | 3 | 8 | 8 | 11 | 19 | 305 |

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| K. | 42 | 29 | 3 | 13 | 1 | 3 | 3 | 1 | 1 | 2 | 2 | 5 | 105 |

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Year Total |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------|
| L. | 62 | 41 | 10 | 35 | 4 | 4 | 6 | 2 | 7 | 6 | 9 | 14 | 200 |

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

| W +4+ | | |
|--------|--|--|
| Initia | | |

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline

| subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above. |
|---|
| Initial |
| Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an |

administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

Initial AL

listed above.

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

| M = (G+K) | N = (D+F+I) | O = M/N*100 |
|--|---|---|
| Total number of subscribers de-enrolled as a result of recertification | Total number of subscribers ETC is responsible for recertifying | Percent of subscribers due for recertification who were de-enrolled |
| 105 | 305 | 34.43% |

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Anisa Latif, Director

Signature of Officer

al7161@att.com

Email Address of Officer

Anisa Latif

Person Completing This Certification Form

Anisa Latif, Director

Printed Name and Title of Officer

Feb 06, 2019

Date

202-457-3068

Contact Phone Number

Affiliated ETCs

| SAC | Name | |
|---------------------------------------|--|--|
| 209012 | Cingular Wireless | |
| 259908 | Cingular Wireless | |
| 269905 | Cingular Wireless | |
| 279010 | Cingular Wireless | |
| 289912 | Cingular Wireless | |
| 319026 | Cingular Wireless Cingular Wireless | |
| 389015 | ATandT Mobility LLC | |
| 399015 | Cingular Wireless | |
| 409004 | ATandT Mobility LLC | |
| 449022 | Cingular Wireless | |
| 479006 | Cingular Wireless | |
| 529910 | Cingular Wireless Cingular Wireless | |
| 619004 | Cingular Wireless Cingular Wireless | |
| 639005 | Cingular Wireless Cingular Wireless | |
| 215191 | BellSouth Telecommunications LLC | |
| 225192 | BellSouth Telecommunications LLC BellSouth Telecommunications LLC | |
| 235193 | BellSouth Telecommunications LLC | |
| 255181 | BellSouth Telecommunications LLC | |
| 265182 | | |
| 275183 | BellSouth Telecommunications LLC | |
| 285184 | BellSouth Telecommunications LLC | |
| 295185 | BellSouth Telecommunications LLC | |
| 305150 | BellSouth Telecommunications LLC | |
| 315090 | The Ohio Bell Telephone Company | |
| | Michigan Bell Telephone Company | |
| 325080 | Indiana Bell Telephone Company Incorporated | |
| 335220 | Wisconsin Bell Inc. | |
| 345070 405211 | Illinois Bell Telephone Company | |
| 415214 | Southwestern Bell Telephone Company | |
| 555173 | Southwestern Bell Telephone Company | |
| 545170 | Nevada Bell Telephone Company | |
| | Pacific Bell Telephone Company | |
| 549004 530040 | ATandT Corp. | |
| 539010 | ATandT Mobility LLC | |
| 445216 | Southwestern Bell Telephone Company | |
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